Oxford Chiropractic Center
Seneca, MO

Patient Consent Form

All patients in the state of Missouri are required to approve of all services rendered by their doctor before any services are performed. Refusal to comply with Missouri state law releases our liabilities and grants us the right to refuse treatment to any such patient.

By signing this form, you are giving consent to the staff of Oxford Chiropractic Center to perform necessary examinations and diagnostic procedures in order to determine the cause of your condition. Once these causes are determined, a treatment plan will be discussed with you. Upon your approval, we will then begin prescribed treatment procedures.

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information (PHI) about you. You have the right to review our notice before signing this consent. As provided in our notice, the terms of our notice may change. If we change our notice, you may obtain a revised copy by submitting your request in writing to Darin Oxford or by reviewing the current copy in our clinic waiting room.

You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment or health care operations. We are not required to agree to this restriction, but if we do, we are bound by our agreement.

By signing this form, you consent to our use and disclosure of protected health information about you for treatment, payment and health care operations. You have the right to revoke this consent, in writing, except where we have already made disclosures in reliance on your prior consent.

_____ _____
Signature *Date*

_____ _____
Witness *Date*

Optional: Please restrict access to my personal health information (PHI) from:

_____
Name *Address* *Phone*

_____
Name *Address* *Phone*